STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155686	A. BUILDING 01 B. WING	05/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-KNOX	300 E CULVER RD KNOX, IN46534

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 05/25/11 Facility Number: 000088 Provider Number: 155686 AIM Number: 100289260 Surveyor: Richard D. Schade, Life Safety Code Specialist At this Life Safety Code survey, Golden Living Center-Knox was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	This one story facility determined to be of Type IV (2HH) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 57 and had a census of 54 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/03/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the facility failed to ensure 2 of 2 storage room doors serving hazardous areas in the main corridor west closed and latched to prevent the passage of smoke. This deficient practice could affect residents, visitors and staff in and near 2 of 3 smoke compartments. Findings include: Based on observations with the maintenance supervisor on 05/25/11 between 1:40 p.m. and 1:50 p.m.: a. the storage room across from resident room 5 which contained equipment and two natural gas water heaters, did not have a door closer, and did not automatically	K0029	1. The storage room door has been corrected with a self closing device. The door to the soiled linen room will be replaced with a 3/4 hour fire rated door and a self closing device. The door has been ordered. 2. There are no other doors in the center that do not meet the requirements. 3. During routine monthly safety inspections all doors will be reviewed for poper closing devices and door integrity. Any door found to be out of compliance will be reported to the safety commettee and reported during the monthly QAA meeting. 4. The Maintenance Director will be responsible for compliance. 5. August 15, 2011.	08/15/2011

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	close and latch. b. the soiled linen storage room across from the lobby had a door with slats and did not automatically close and latch. The maintenance supervisor acknowledged the problem areas at the time of observation. 3.1-19(b)			
K0062 SS=F	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for 1 of 1 automatic sprinkler systems in accordance with NFPA 25, 1998 Edition 2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the	K0062	1. The upright sprinkler heads were purchased and placed in the spare sprinkler head cabinet. 2. An audit was conducted and no other spare sprinkler heads were missing from the cabinet. 3. During the monthly safety inspections the spare sprinkler head cabinet will be checked for the proper number and types of heads. If any are found missing they will be replaced and this will be reported to the safety committee and the QAA committee. 4. The Maintenance Director will be responsible for compliance. 5. Corrected June 14, 2011	06/14/2011

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	system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all of the residents as wall as staff and visitors in the event of an emergency. Findings include: Based on observation with the maintenance supervisor on 05/25/11 during the tour at 1:50 p.m., there were no spare upright sprinklers in the spare sprinkler cabinet. The maintenance supervisor stated at the time of observation, he was not aware of the omission of upright sprinklers. 3.1-19(b)			
K0067 SS=E	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 Based on observation and interview, the facility failed to ensure egress corridors were not	K0067	1. Upon careful review the facility has determined that a waiver is not needed. We have contacted T and D Property Specialists who	08/01/2011

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	used as a portion of a return air system serving 2 adjoining rooms of more than 50 rooms. LSC 19.5.2.1 requires air conditioning, heating, ventilating ductwork and related equipment to be installed in accordance with NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilating Systems. NFPA 90A, 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect all residents, staff and visitors in and near the barber shop and social services office. Findings include: Based on observations on 01/05/11 between 11:00 a.m. and 12:45 p.m. with the facility administrator and maintenance supervisor, the barber shop and social services office were using the egress corridor as a return air system. Heating and cooling are supplied by vents in the corridor		are in the process of preparing a proposal for this facility. 2. In preparing the proposal, the facility Maintenance Director conducted a review of all return air ducts and determined that there was an additional need for a return air duct in the office of the administrator. The Maintenance Director, with the assistance of the engineer from T and D, determined that if the ceiling tile was replaced a return air duct would not be required in the barber shop. 3. The facility will be installing return air ducts in the Social Service and the Administrators office. It is estimated that this work will take approximately 3 weeks from the date the contract is signed. 4. The Maintenance Director will monitor all drop ceilings for broken or missing tiles. Any items found will be corrected and reported on the monthly safety inspection. 5. August 1, 2011	

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	and rely on the rooms for return ventilation. The maintenance supervisor acknowledged the deficiency and stated he was not aware of the problem. 3.1-19(b)			
K0069 SS=E	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on observation and interview, the facility failed to ensure the grease filters on 1 of 1 kitchen stove hoods was properly positioned to drain the grease into the containers. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 1998 Edition, at 3.2.7 says grease filters requiring a specific orientation to drain grease shall be clearly so designated, or the hood shall be constructed so filters cannot be installed in the wrong orientation. This deficient practice could affect kitchen staff	K0069	1. The grease filter panels have been properly installed into the exhaust hood as of June 14, 2011. 2. No ther areas in the exhaust hood were affected. 3. The maintenance department will be responsible to see that the grease filters are properly placed in the hood after each cleaning. 4. During the monthly safety inspection the Maintenance Director will review for filter placement and report to the safety committee and the QAA committee, any irregularities. 5. Completed June 14, 2011.	06/14/2011

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	and any residents or visitors in the adjoining dining room. Findings include: Based on observation with the maintenance supervisor on 05/25/11 at 12:15 p.m., only one of two sets of grease filter baffles were of the correct orientation to drain grease from the exhaust hood. The maintenance supervisor stated at the time of observation, he was not aware of a correct orientation for the grease filters. 3.1-19(b)			
K0070 SS=F	Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 Based on record review and interview, the facility failed to protect 57 of 57 residents by not having a policy and procedure for the use of portable space heaters. This deficient practice could effect	K0070	1. The Executive Director has provided a policy on the use of space heaters. 2. The only space heaters in the building are in the offices of the Executive Director, Director of Nursing, MDS as well as Dietary. An audit was conducted by the Maintenance Director and no other space	06/14/2011

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	all residents, staff and visitors. Findings include: Based on observations between 11:50 a.m. and 1:45 p.m. on 05/25/11 with the maintenance supervisor and facility administrator, the facility could not produce evidence of a policy and procedure for the use of portable space heaters. Space heaters were observed in the Director of Nursing office, the Administrator's office and an office of of the main lobby. The administrator stated at the time of the observations, he thought he had a policy but provided no evidence of one. 3.1-19(b)		heaters were found in the building. 3. The policy on space heaters will be approved by the QAA committee and then placed in the safety manual. The Maintenance Director will add this check to his monthly safety check list. Any violations of the facility policy will result in the heaters being removed and the ED and the safety committee being notified of the infraction. Audit results will be shared with the QAA committee when an infraction occurs. 4. The Maintenance Director is responsible for compliance with this item. 5. Corrected June 14, 2011.	
K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. 1. Based on record review and interview, the facility failed to ensure the off site fuel source for 1 of 1 emergency generators was	K0144	1. The facility has secured a letter from NIPSCO which complies with the items required in NFPA 110, 1999 Edition Chapter 3, 3-1.1.2. The remote enunciator panel will be installed by June 20, 2011. The staff will	06/25/2011

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	from a reliable source. NFPA 110, 1999 Edition, Standard for Emergency and Standby Power Systems, Chapter 3, Emergency Power Supply (EPS), 3-1.1, Energy Sources states the following energy sources shall be permitted for use for the emergency power supply (EPS): a) Liquid Petroleum products at atmospheric pressure b) Liquefied petroleum gas (liquid or vapor withdrawal) c) Natural or synthetic gas Exception: For Level 1 installations in locations where the probability of interruption of off site fuel supplies is high (e.g., due to earthquake, flood damage or demonstrated utility unreliability), on site storage of an alternate energy source sufficient to allow full output of the emergency power supply system (EPSS) to be delivered for the class specified shall be required, with provision for automatic transfer from the primary energy source to the alternate energy source. CMS requires		be inserviced as to how to use the panel and what is required for them to do when the panel goes into alarm. The enunciator panel will be located in the East nurses stations. 3. The emergency task light log for the generator area has been found. The 90 minute test took place on June 1, 2010 and again on June 1, 2011. I have sent a copy of the log with this response. 4. The Maintenance Director is responsible for all of the above items. He will be responsible for making sure the NIPSCO letter is maintained in the Survey Readiness Book. Monthly, he will check the enunciator panels operation as part of the facility safety check. Lastly, he will conduct the 90 minute check each year and record the results in the monthly safety check report that goes to the safety committee and the QAA committee. 5. June 25, 2011.	

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	evidence of reliability of the natural fuel source must contain all of the following: 1. A statement of reasonable reliability of the natural gas delivery; 2. A brief description the supports the statement regarding the reliability; 3. A statement there is a low probability of interruption of the natural gas; 4. A brief description that supports the statement regarding the low probability of interruption; 5. The signature of technical personnel from the natural gas vendor. This deficient practice could affect all residents, staff and visitors. Findings include: Based on record review and interview with the maintenance supervisor and facility administrator at 11:15 a.m. on 05/25/11, the fuel source for the			

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	emergency generator was natural gas and the facility does not have a letter from their natural gas provider stating that the fuel source for the generator is a reliable source. The administrator stated at the time of record review, he had a letter from NIPSCO, but it could not be found. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 1 of 1 generator sets was in accordance with NFPA 99, 1999 Edition, Standard for Health Care Facilities. NFPA 99, Section 3-4.1.1.15 requires a remote annunciator to be provided in a location readily observed by operating personnel at a regular work station. This deficient practice could affect all occupants in the facility including staff, visitors and residents. Findings include:			

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	Based on observation on 05/25/11 between 12:25 p.m. and 1:40 p.m. with the maintenance supervisor, a generator annunciator panel was not located at either of the two nurses stations. The maintenance supervisor stated at the time of the observations, he was not aware of the requirement. 3.1-19(b) 3. Based on record review and interview, the facility failed to ensure emergency task lighting in and around 1 of 1 generator sets was in accordance with NFPA 101, 2000 Edition, Life Safety Code. LSC Section 7.9.3 requires an annual functional test to be conducted on emergency battery lighting systems for not less than 90 minutes. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, staff and visitors in the facility.			

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	Findings include: Based on record review with the maintenance supervisor on 05/25/11 at 11:30 a.m., the maintenance supervisor acknowledged he had no record of the battery powered light at the generator being tested for 90 minutes annually. 3.1-19(b)			